



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400001

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE PASTA HOUSE, INC.

DOING BUSINESS AS THE PASTA HOUSE

ADDRESS 100 ALDEN RD.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: Ribeiro, Mario R

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR DINING ROOM AND BAR, KITCHEN AND RESTROOMS ...adding an outside patio

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400004

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAUL'S SPORTS CORNER, INC.

DOING BUSINESS AS

ADDRESS 19 HOWLAND RD.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: GORDON, NANCY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON FIRST FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400005

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HUTTLESTON HOUSE, INC

DOING BUSINESS AS HUTTLESTON HOUSE

ADDRESS 111 HUTTESTON AVE.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: BOBOLA, E. MARKTYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR THREE ROOMS. SECOND FLOOR THREE ROOMS. CELLAR USED AS OFFICE AND STORAGE. OUTSIDE TABLE AREA SEATS UP TO 16. CUSTOMERS, LOCATED AT FRONT OF BLDG.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400007

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Ice Chest, Inc

DOING BUSINESS AS Ice Chest Bar & Grill

ADDRESS 136 HUTTLESTON AVE.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: Tillett, Andrew B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENTRANCES AND EXITS ON BRIDGE STREET. FIRST FLOOR HAS TWO DINING ROOMS
AND KITCHEN CELLAR USED FOR STORAGE

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400009

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GENE'S FAMOUS SEAFOOD, INC.

DOING BUSINESS AS GENE'S FAMOUS SEAFOOD

ADDRESS 146 HUTTLESTON AVE.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: MARTIN, CONNIE TYPE OF LICENSE: Restaurant
M.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 KITCHENS, PREP ROOM, DINING ROOM AND TWO TOILETS. TWO FRONT ENTRANCES
AND AND TWO REAR EXITS. DELIVERY DOOR

I hereby certify and swear under penalties of perjury that:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400010

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FAIRHAVEN POST NO. 166 AMERICAN LEGION

DOING BUSINESS AS AMERICAN LEGION

ADDRESS 54 MAIN ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: BROWN, MARY J TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXITS ON CENTER STREET AND MIDDLE STREET. TWO FLOORS, MEMBERS ROOM TOP FLOOR AND OFFICE, CELLAR, STOCK ROOM, KITCHEN AND HALL ON STREET FLOOR

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400011

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STAMATIA, INC

DOING BUSINESS A MINERVAS PIZZA HOUSE

ADDRESS 75 MAIN ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: KALKANIS,
KOSTAS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, SECOND FLOOR USED FOR STOCK ROOM

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400012

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FORT PHOENIX POST 2892

DOING BUSINESS AS VETS OF FOREIGN WARS OF U.S.IN

ADDRESS 109 MIDDLE ST

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: CARDOZA,
JEFFREY P.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY MASONRY BLDG, INCLUDING BASEMENT STORAGE AREA. BAR AREA AND HALL. KITCHEN, MENS AND LADIES ROOMS ON MAIN FLOOR, STORAGE IN CELLAR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400013

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DB, CORP.

DOING BUSINESS AS OLD OXFORD PUB

ADDRESS 346 MAIN ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: BOURGEOIS,
DAWN F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 STORY BLDG CONTAINING A CELLAR WHICH IS USED FOR STOCK. 1ST FLR; SEA GRILL/
ADDITIONAL 264 SQ FT TO BE USED FOR STORAGE

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400017

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOURTH AND LONG INC.

DOING BUSINESS AS RASPUTIN'S TAVERN

ADDRESS 120-22 MAIN ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: CEBALA,
MATTHEW H.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR AT STREET LEVEL. MAIN LOUNGE AND KITCHEN AREA, TWO ROOMS, NO
CELLAR, TWO EXITS FACING MAIN ST AT NORTH AND SOUTH END OF BLDG.
HORSESHOE BAR AT THE RIGHT WALL

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400019

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARINELLI INC.

DOING BUSINESS AS TOWN CRIER

ADDRESS 5 MAITLAND ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: MARINELLI, GAIL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES, ON EACH SIDE FOR STOCK, ONE EXIT WEST SIDE, ONE STAIRWAY FOR UPPER FLOORS, FIRST FLOOR ONE LARGE ROOM AND OFFICE. MENS AND LADIES RESTROOMS AND SHOWER. COOLER AND STOCK ROOM, SECOND FLOOR LARGE HALL REST ROOM, CLOAK ROOM. THREE ENTRANCES

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400020

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

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CLASS

YEAR

LICENSEE NAME: FERRY STATION, LLP.

DOING BUSINESS AS ELISABETH'S

ADDRESS 1 MIDDLE ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: BUKER,
DOUGLAS L

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENTRANCES. SMALL KITCHEN ON EAST SIDE, OFFICE ON NORTHEAST SIDE, LIQUOR STORAGE ON NORTHEAST SIDE, BAR ON NORTHEAST SIDE. 2 RESTROOMS ON NORTH SIDE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400021

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C.F.DELANO, INC.

DOING BUSINESS AS THE EBB TIDE

ADDRESS 47 MIDDLE ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: GRINDROD, LOIS TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE ON MIDDLE STREET SIDE TO BE USED FOR GAMES AND EXIT ON NORTH
SIDE OF BUILDING. FIRST FLOOR AND STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400022

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEAPORT INN LLC

DOING BUSINESS AS

ADDRESS 110 MIDDLE ST.

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: FRANCO, JAMI

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400023

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAYSIDE LOUNGE, LLC

DOING BUSINESS AS BAYSIDE LOUNGE

ADDRESS 125 SCOTICUT NECK ROAD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: DAWICKI,
JOSEPH F. IV

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN LEVEL CONTAINING BAR, ONE STORAGE ROOM, ONE LIQUOR ROOM AND CELLAR FOR STORAGE. THREE ENTRANCES TO MAIN LEVEL, ONE ENTRANCE TO STORAGE ROOM AND CELLAR FOR STORAGE. ONE INSIDE ENTRANCE TO LIQUOR ROOM BAR AREA; 16X28 FOR ADDITION TO BAR AREA, LIQUOR AND STORAGE RMS

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400024

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANT OF BOSTON, LLC

DOING BUSINESS AS 99 RESTAURANT-PUB

ADDRESS 24 SCONTICUT COMMONS

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: FERREIRRA,
VICTOR M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING ON SOUTHEAST CORNER OF ROUTE 6 AND SCONTICUT NECK RD.
FOUR OUTSIDE EXITS, ONE FROM COCKTAIL LOUNGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400025

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAVLAU CORP

DOING BUSINESS AS DOWN THE HATCH

ADDRESS 56 GOULART MEMORIAL DRIVE

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: HERBERT,
MATTHEW E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG.-RESTAURANT ON BOTTOM FLOOR WITH OUT- SIDE SEATING, OFFICES
UPSTAIRS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400026

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIKES RESTAURANT INC.

DOING BUSINESS AS MIKES REST.

ADDRESS 390 HUTTLESTON AVE

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: DEFORGE,
MICHAEL J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, THREE ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400027

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLJ INC.

DOING BUSINESS AS THE BITTER END LOUNGE

ADDRESS 407-09 HUTTLESTON AVE

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: JOHNS, NILS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF BUILDING. TWO ROOMS INCLUDING KITCHEN BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400028

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MATTHEW A. GAMACHE

DOING BUSINESS AS COURTYARD RESTAURANT

ADDRESS 270 HUTTLESTON AVE

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: GAMACHE,
MATTHEW A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2600 SQ FT WITHIN PLAZA KNOWN AS LIFESTYLES PLAZA. TWO FRONT ENTRANCES ON WEST SIDE OF BLDG. TWO REAR EXITS ON EAST SIDE OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400029

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT ANTIL

DOING BUSINESS AS ANTIL'S SUPER CONVENIENCE STORE

ADDRESS 249 ADAMS ST

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE AND EXIT IN REAR. SIDE ENTRANCE FACING ADAMS ST. REAR DOOR
IN CELLAR FACING PARKING LOT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400030

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAY SAHI CORPORATION

DOING BUSINESS AS CONNOLLY'S LIQUOR MART

ADDRESS 36 HOWLAND RD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: PATEL, BHAVESH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE LEVEL CONSISTING OF THREE ROOMS, ONE ROOM RETAIL AREA, TWO ROOMS FOR STORAGE. OFFICE AND REST ROOM. TWO ENTRANCES/ EXITS, ONE CENTER AND ONE CENTER REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400031

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEOPLES SUPER LIQUOR STORES, INC.

DOING BUSINESS AS DOUGLAS WINE & SPIRITS

ADDRESS 1 PEOPLES WAY

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: HARONIAN, JOHN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SELLING AREA, A WALK IN COOLER, STORAGE ROOM AND ONE BREAK ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400033

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: F.J. MORIARTY'S INC

DOING BUSINESS AS F.J. MORIARTY LIQUORS

ADDRESS 101 MIDDLE ST

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: KEENE,
CHRISTOPHER F.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT FACING BRIDGE ST. TWO DINING ROOMS ON GROUND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400034

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LITTLE BAY LIQUORS INC

DOING BUSINESS AS LITTLE BAY LIQUORS

ADDRESS 105 SCONTICUT NECK RD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: SYLVIA, JANE K.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ONE STORY CEMENT BLOCK BUILDINGS CONNECTED IN REAR, SMALL CELLAR IS USED FOR COMPRESSOR AND WIRING PANEL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400036

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIT CHAT, INC

DOING BUSINESS AS SCUTTLEBUTTS GROCERY & SPIRITS

ADDRESS 407-09 MAIN ST

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: HATHAWAY,
GARY JR.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH BASEMENT. STORAGE IN BASEMENT & REAR OF BLDG.
ENTRANCE AND EXIT ON MAIN ST. REAR EXIT AND OVERHEAD DOOR ARE LOCATED ON
SIDE STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400037

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHRI MARUTI LLC

DOING BUSINESS AS CARDOSA'S WINE & SPIRITS

ADDRESS 6 SCOTICUT NECK RD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

BALDEVBHAI K.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT 4 AND 6 ON ONE FLOOR. STORAGE IN CELLAR. REDEMP. AREA AND COOLER AREA
IN UNIT #4.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400038

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAKELLARLOS VALLAS

DOING BUSINESS AS PREMIUM LIQUORS

ADDRESS 355 HUTTLESTON AVE

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: VALLAS,
SAKELLARLOS

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG AND CELLAR. FRONT ENTRANCE AND ONE REAR EXIT AT BACK OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400039

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACUSHNET RIVER SAFE BOATING CLUB, INC.

DOING BUSINESS AS

ADDRESS 80 MIDDLE STREET

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: SCHUSTER, RICHARD
TYPE OF LICENSE: Club
RD M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG., FIRST FLOOR HAS A HALL, CONFERENCE ROOM, BATHROOM, TWO OFFICES, FOUR ENTRANCES AND FOUR EXITS. STAIRWAY LEADING TO THE SECOND LEVEL. SECOND FLOOR HAS THREE ROOMS AND A BATHROOM. BAR UPSTAIRS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400040

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M & J FAIRHAVEN, INC

DOING BUSINESS AS

ADDRESS 38 SCONTECUT NECK ROAD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: RICCARDI,
MICHAEL A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400041

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILA VERDE, INC

DOING BUSINESS AS VILA VERDE RESTAURANT

ADDRESS 362-64 MAIN ST

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: CARDOZA, JOSE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AND EXITS ON MAIN ST, THIRD EXIT ON MORTON AVE; ONE BLDG
CONSISTING OF COUNTER AND TABLES AND DINING ROOMS; CELLAR USED FOR
STORAGE. KITCHEN, RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400043

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIZZA HUT OF AMERICA, INC

DOING BUSINESS AS PIZZA HUT

ADDRESS 21 FAIRHAVEN COMMON WAY

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: MOYER, CAROL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS & COOLER ON THE FIRST FLOOR OF A ONE STORY BLDG. STORAGE FOR STOCK
IN STORAGE ROOM ON FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400045

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Man Li Restaurant, Inc

DOING BUSINESS AS Sweet Ginger Asian Cuisine & Bar

ADDRESS 179-181 Huttleston Ave

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: Chan, Tammy S

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE REST. FACILITY CONTAINING APPROX 5000SQF AREA, SEATING 189 PEOPLE. FRONT ENTRANCE/EXIT, REAR ENTRY/EXIT FOR DELIVERIES. THE PREMISES CONTAINS HANDICAP RESTROOMS FOR BOTH MEN AND WOMEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400046

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAH MAY RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 51 MAIN STREET

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: LEONG, TIM A.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400050

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIVALAI 888 CORPORATION

DOING BUSINESS A SIVALAI THAI CUISINE

ADDRESS 130 SCOTICUT NECK ROAD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: CORREIA,
WAYNE J.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE LEVEL BLDG. WITH SEATING FOR APPROX.40 PEOPLE 10 BOOTHS A KITCHEN,
DINING AREA STORAGE ROOM WALK-IN COOLER AND MEN'S LADIES RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400051

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOROTHY COX'S CANDIES INC.

DOING BUSINESS AS

ADDRESS 63 ALDEN ROAD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: COX, FRANCIS L. TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL STORE...MAIN ENTRANCE LOCATED ON HUTTLESTON AVENUE WITH SEVERAL
DISLPAY AREAS AND CASHIER AREAS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400052

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRIENDLY FARM CONVENIENCE, INC

DOING BUSINESS AS

ADDRESS 121 SCOTICUT NECK ROAD

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: GAIED, JOSEPH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENEINCE STORE APPROX. 2,000 SQ FT. WITH TWO EXITS-REAR AND FRONT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400053

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KATHERINE PSICHOPARDES

DOING BUSINESS A MERMAIS'S SEAFOOD RESTAURANT

ADDRESS 15 SARAH'S WAY

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: PSICHOPARDES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1,000 SQ. FT/ DOMOMG RPP, WOTJ 50 SEATS AND 1,300 SQ. FT. KITCHEN, STORAGE ROOM
AND TWO BATHROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038400054

CITY OR TOWN FAIRHAVEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOTAL CONFECTIONS LLC

DOING BUSINESS AS EMMA JEAN'S CUPCAKE FACTORY

ADDRESS 115 HUTTLESTON AVE

CITY/TOWN: FAIRHAVEN

STATE: MA

ZIP CODE: 02719

MANAGER: CORREIRA,
CYNTHIA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7600 SF WITH ONE FRONT ENTRANCE, ONE SIDE EXIT, ONE REAR ENTRANCE, TWO
RESTROOMS, MANUFACTURING AREA, STORAGE AREA AND OFFICE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)